## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

08826171

CLAIMS AS FILED - PART I						2)		SMALL ENTITY			OTHER THAN	
TOTAL CLAIMS			(Column 1)		(Column 2)		r	TYPE		OR 1		
			02		and produced growing the state of the state		.	RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00
TC	TAL CHARGE	ABLE CLAIMS	/6 minus 20=		145			X\$ 9=		OR	X\$18=	26/0.00
INDEPENDENT CLAIMS						/		X40=		OR	X80=	1360.00
MULTIPLE DEPENDENT CLAIM PRESENT								+135=		OR	+270=	270,00
* If the difference in column 1 is less than zero, enter					r "0" in d	column 2		TOTAL		OR	TOTAL	49500
CLAIMS AS AMENDED - PART II (Column 1) (Column 2)						(Column 3)		SMALL E	ENTITY	OTHER THAN SMALL ENTITY		
AMENDMENT A	1	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 138	Minus	/4	5	= 0		X\$ 9=		OR	X\$18=	9
	Independent	NTATION OF M	Minus	*** d	? <u>0</u>	= 0		X40=		OR	X80=	Ø
_	rino i Pricoc					<del>/~_</del> _		+135=		OR	+270=	Ø
	1	BEST A	VAILA	DLE '		Y	L	TOTAL		OR	TOTAL	0
		(Column 1)	(Colu	olumn 2) (Column 3)			ADDIT. FEE			ADDIT. FEE	7	
AMENDMENT B	par Simon e refreshed	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IEST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	<del></del>	=		X\$ 9=		OR	X\$18=	
	Independent	NTATION OF MU	Minus	***	CLAIM	=		X40=		OR	X80=	
-	THIOTTHEOL	NIANOI OF MI	JEHI LE DEI	CNDENT	OLANV		ľ	+135=		OR	+270=	
								TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	John W
		(Column 1)		(Colur		(Column 3)	•					
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X40=			X80=	-
	FIRST PRESE	NTATION OF M	JLTIPLE DEF	PENDENT	CLAIM		<del> </del>	1		OR		
	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.							+135=		OR	+270=	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT FEE								OR	TOTAL ADDIT. FEE			
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

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CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			}				F	RATE	FEE	7	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		B	ASIC FEE	370.00	OR	BASIC FEE	740.00	
TOTAL CHARGEABLE CLAIMS			เ - เกลเลร 20=		* *			X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			minus 3 =		*			X42=		OR	X84=		
M	JLTIPLE DEPE	NDENT CLAIM F	RESENT					+140=		OR	+280=		
* If the difference in column 1 is less than zero, enter "0" in column 2						, L	TOTAL		4	TOTAL			
	CLAIMS AS AMENDED - PART II									7	OTHER	THAN	
4		(Column 1)	***************************************	(Colur		(Column 3)	. <u> </u>	MALL	ENTITY	OR.	SMALL	ENTITY	
AMENDMENTA		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID I	BER DUSLY	PRESENT EXTRA	f	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Ş.	Total	. 84	Minus	+ 1C	M	=	>	<b>X\$</b> 9=	1	OR	X\$18=		
S S	Independent	1. 12	Minus	*** 6	<u> 10</u>	=/	)	X42=		OR	X84=	/	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									1		1	
•	BEST AVAILABLE COPY							140= TOTAL		OR OR	+280= TOTAL		
(1	Č.	(Column 1)		(Colun		(Column 3)	ADD	OIT. FEE			ADDIT. FEE	, · · .	
AMENDMENTA	ic ,	CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	EST BER JUSLY	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NDN	Total	. 77	Minus	**/6		=	X	\$ 9=	_	o,A	X\$18=		
AME	Independent	* /12	Minus	*** O	CLAIM	= -	×	(42=		OR	X84= /		
	TIMOTTALOL	NATION OF MIC	JETH LE DE	LINDLINI	OLANI		+	140=		OR	+280=		
							ADD	TOTAL IT. FEE		OR ,	TOTAL ADDIT, FEE		
		(Column 1)		(Colum		(Column 3)				_	· 1		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	##		=	X	\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=	X	42=		OR	X84=		
	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	PENDENT	CLAIM			40=		OR	+280=		
	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.							TOTAL		_ L	TOTAL		
**If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE													
											DTMENT OF		

Application or Docket Number